

**Payment Policies for Healthcare Services  
Provided to Injured Workers and Crime Victims**

# **Chapter 25: Psychiatric and Psychological Services**

**Effective July 1, 2014**



**Link:** Look for possible **updates and corrections** to these payment policies at:

<http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2014/>



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## Definitions

- ▶ **Bundled:** A bundled procedure code isn't payable separately because its value is accounted for and included in the payment for other services. Bundled codes are identified in the fee schedules.

Pharmacy and DME providers can bill HCPCS codes listed as bundled in the fee schedules. This is because, for these provider types, there isn't an office visit or a procedure into which supplies can be bundled.



**Link:** For the legal definition of "bundled," see [WAC 296-20-01002](#).



## Payment policy: All psychiatric services

### ► Who the policies in this chapter apply to

The psychiatric services payment policies in this chapter apply to workers covered by the State Fund and self-insured employers.

The policies in this chapter don't apply to crime victims.



**Links:** For more information on **psychiatric services** for State Fund and self-insured claims, see [WAC 296-21-270](#). (Also, see “Additional information: Medical treatment guidelines for psychiatric conditions,” below.)

For information about psychiatric services' policies for the Crime Victims' Compensation Program, see:

[www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources/](http://www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources/) and [WAC 296-31](#).

### ► Who can be an attending provider and who can't

#### **Can be attending provider: Psychiatrists and psychiatric ARNPs**

A psychiatrist or psychiatric ARNP can be a worker's attending provider only when:

- The insurer has accepted a psychiatric condition, *and*
- It is the only condition being treated.

A psychiatrist or psychiatric ARNP may certify a worker's time loss from work if:

- A psychiatric condition has been allowed, *and*
- The psychiatric condition is the only condition still being treated.

A psychiatrist may also rate psychiatric permanent partial disability.

A psychiatric ARNP can't rate permanent partial disability.

**Can't be attending provider: Psychologists**

Psychologists can't be attending providers and can't certify time loss from work or rate permanent partial disability.



**Link:** For more information on who can be an attending provider, see [WAC 296-20-01002](#).

**► Payment rates for specific provider types****Licensed clinical psychologists and psychiatrists**

Licensed clinical psychologists and psychiatrists are paid at the same rate when performing the same service.

**Psychiatric ARNPs**

Psychiatric ARNPs are paid at **90%** of the values listed in L&I's Professional Services Fee Schedule.



**Link:** The fee schedule is available at: <http://feeschedules.Lni.wa.gov>.

**Social workers and other master's level counselors**

Psychiatric evaluation and treatment services provided by social workers and other master's level counselors aren't covered even when delivered under the direct supervision of a clinical psychologist or a psychiatrist.

**► Who must perform these services to qualify for payment**

Authorized psychiatric services must be performed by a:

- Psychiatrist (MD or DO),
- Psychiatric Advanced Registered Nurse Practitioner (ARNP), or
- Licensed clinical PhD or PsyD psychologist.

### Psychological testing

Staff supervised by a psychiatrist, psychiatric ARNPs, or licensed clinical psychologist may administer psychological testing; however, the psychiatrist, or licensed clinical psychologist must:

- Interpret the testing, *and*
- Prepare the reports.

### ► Services that aren't covered

These services (CPT<sup>®</sup> billing codes) aren't covered:

- **90845**,
- **90846**,
- **90849**, *and*
- **90863**

Psychologists can't bill the E/M codes for office visits.

### ► Payment limits

These services (CPT<sup>®</sup> billing codes) are **bundled** and aren't payable separately:

- **90885**,
- **90887**, *and*
- **90889**.



**Note:** See definition of **bundled** in “Definitions” at the beginning of this chapter.

Psychiatrists and psychiatric ARNPs may only bill the E/M codes for office visits on the same day psychotherapy is provided if it's medically necessary to provide an E/M service for a condition other than that for which psychotherapy has been authorized.



**Note:** The provider must submit documentation of the event and request a review before payment can be made.

► **Additional information: Medical treatment guidelines for psychiatric conditions**



**Link:** The Medical Treatment Guideline for Psychiatric Conditions includes information on:

- Treatment guidelines,
- Psychiatric conditions,
- Purpose of the guideline,
- Authorization requirements,
- Elements of a comprehensive psychiatric plan,
- Diagnosis of a psychiatric condition,
- Identification of barriers to recovery from an industrial injury,
- Formulation of a psychiatric treatment plan,
- Assessment of psychiatric treatment and recommendations,
- Reporting requirements, *and*
- Billing codes.

The guideline is available at:

[www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/Psychconditions.asp](http://www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/Psychconditions.asp)



## Payment policy: Case management services

### ► Payment limits

Psychiatrists, psychiatric ARNPs, and clinical psychologists may only bill for case management services (telephone calls, team conferences, and secure e-mail) when providing consultation or evaluation.



**Link:** For more information about payment criteria and documentation requirements for these services, see the payment policy for “Case management services” in the [Evaluation and Management](#) chapter.



## Payment policy: Individual and group insight-oriented psychotherapy

### ► Prior authorization

#### Group psychotherapy

Group psychotherapy treatment is authorized on a case-by-case basis only.

If authorized, the worker may participate in group therapy as part of the individual treatment plan.

### ► Requirements for billing

#### Individual psychotherapy services

To report individual psychotherapy:

- Don't bill more than one unit per day, *and*
- Use the following timeframes for billing the psychotherapy codes: :
  - 16-37 minutes for 90832 and 90833.
  - 38-52 minutes for 90834 and 90836.
  - 53 or more minutes for 90837 and 90838.



**Note:** Coverage of these services is different for psychiatrists and psychiatric ARNPs than it is for clinical psychologists (see below).

#### Psychiatrists and psychiatric ARNPs

Psychotherapy performed with an E/M service may be billed by psychiatrists and psychiatric ARNPs when other services are conducted along with psychotherapy such as:

- Medical diagnostic evaluation, *or*
- Drug management, *or*
- Writing physician orders, *or*
- Interpreting laboratory or other medical tests.



Psychiatrists and psychiatric ARNPs may bill the following individual insight-oriented psychotherapy CPT® billing codes without an E/M service:

- 90832,
- 90834, *and*
- 90837.

**Psychiatrists and psychiatric ARNPs may bill the following codes when performing an evaluation and management service on the same day:**

- 90833,
- 90836, *and*
- 90838.

**Psychiatrists and psychiatric ARNPs bill these codes in addition to the code for evaluation and management services.**

### **Clinical psychologists**

Clinical psychologists may bill only the individual insight-oriented psychotherapy codes without an E/M component 90832, 90834, and 90837. They can't bill psychotherapy codes 90833, 90836, or 90838 in conjunction with an E/M component because medical diagnostic evaluation, drug management, writing physician orders, and/or interpreting laboratory or other medical tests are outside the scope of a clinical psychologist's license in Washington.

### **Prolonged Services**

Use the appropriate prolonged services code (99354, 99355, 99356, 99357) with 90837 for psychotherapy services of 90 minutes or longer, face-to-face with the patient, not performed with E/M service.

### **Group psychotherapy services**

If group psychotherapy is authorized and performed on the same day as individual insight-oriented psychotherapy (with or without an E/M component), both services may be billed, as long as they meet the CPT® definitions.



**Note:** The insurer doesn't pay a group rate to providers who conduct psychotherapy exclusively for groups of workers.

► **Additional information: Policy background**

Further explanation of this policy, as well as, CMS's response to public comments is published in *Federal Register* Volume 62 Number 211, issued on October 31, 1997.



**Link:** This is available on line at: [www.gpoaccess.gov/fr/index.html](http://www.gpoaccess.gov/fr/index.html) in the tab labeled Health and Human Services.



## **Payment policy: Narcosynthesis and electroconvulsive therapy**

### ▶ **Prior authorization**

Narcosynthesis and electroconvulsive therapy require prior authorization.

### ▶ **Who must perform these services to qualify for payment**

Authorized services are payable only to psychiatrists.

### ▶ **Services that can be billed**

Use CPT<sup>®</sup> codes **90865** (narcosynthesis) and **90870** (electroconvulsive therapy).



## Payment policy: Neuropsychological testing

### ► What's included in neuropsychological testing

Test data includes:

- The injured worker's test results,
- Raw test data,
- Records,
- Written/computer-generated reports,
- Global scores or individual's scale scores, *and*
- Test materials such as:
  - Test protocols,
  - Manuals,
  - Test items,
  - Scoring keys or algorithms, *and*
  - Any other materials considered secure by the test developer or publisher.

The term **test data** also refers to:

- Raw and scaled scores,
- Patient responses to test questions or stimuli, *and*
- Psychologists' notes and recordings concerning patient statements and behavior during an examination.



**Note:** The psychologist is responsible for releasing test data to the insurer.

**► Services that can be billed**

The following billing codes may be used when performing neuropsychological evaluation:

If the <b>CPT®</b> code is...	Then it <b>may be billed</b> :
<b>90791 or 90792</b>	Once every 6 months per patient per provider.
<b>96101 or 96102</b>	Up to a combined 4 hour maximum. In addition to CPT® codes <b>96118</b> and <b>96119</b> .
<b>96118 or 96119</b>	Per hour, up to a combined 12 hour maximum.



**Note:** Reviewing records and/or writing/submitting a report is included in these codes and can't be billed separately.



## Payment policy: Pharmacological evaluation and management

### ► Who must perform these services to qualify for payment

Pharmacological evaluation is payable only to psychiatrists and psychiatric ARNPs.

### ► Services that aren't covered

HCPCS code **M0064** isn't payable with:

- E/M office visit codes (CPT® codes 99201-99215), *or*
- Consultation codes (CPT® codes **99241-99255**).

### ► Requirements for billing

#### Services conducted on the same day

When a pharmacological evaluation is conducted on the same day as psychotherapy, then the psychiatrist or psychiatric ARNP bills the appropriate code for an E/M service.



**Note:** Also see “Payment limits” for services conducted on the same day, below, as well as “Requirements for billing” under the payment policy for “Individual and group insight-oriented psychotherapy” earlier in this chapter.

### ► Payment limits

#### Brief office visit (**M0064**)

HCPCS billing code **M0064** is described as, “Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in treatment of mental psychoneurotic and personality disorders.” This code is paid only:

- If the conditions described by the code are accepted, *or*
- Treatment is temporarily allowed by the insurer.

**Services conducted on the same day**

When a pharmacological evaluation is conducted on the same day as psychotherapy, the psychiatrist or psychiatric ARNP:

- Can bill one of the add on psychotherapy codes 90833, 90836, or 90838 *and*
- Can bill a separate code for E/M services (CPT® codes **99201-99215**) at the same time.



**Note:** Also see “Requirements for billing,” above (in this same payment policy) as well as “Requirements for billing” under the payment policy for “Individual and group insight-oriented psychotherapy” earlier in this chapter.



## Payment policy: Psychiatric consultations and evaluations



**Links:** For more information on consultations and consultation requirements, see [WAC 296-20-045](#) and [WAC 296-20-051](#).

### ► Prior authorization

Prior authorization is required for all psychiatric care referrals. This requirement includes referrals for psychiatric consultations and evaluations.

### ► Services that can be billed

When an authorized referral is made to a psychiatrist or psychiatric ARNP, they may bill either the:

- Psychiatric diagnostic evaluation code **90791**, or
- Psychiatric diagnostic evaluation with medical services code **90792**.

When an authorized referral is made to a clinical psychologist for an evaluation, they may bill only CPT® code **90791** (Psychiatric diagnostic evaluation).

### ► Services that aren't covered

Telephone psychology services aren't covered.



**Links:** For more information, see the payment policy for “Teleconsultation and other telehealth services” in the [Evaluation and Management \(E/M\) Services](#) chapter.

### ► Payment limits

CPT® codes **90791** or **90792** are limited to one occurrence every six months, per patient, per provider.





## Links: Related topics

If you're looking for more information about...	Then go here:
<b>Administrative rules</b> (Washington state laws) for attending providers	Washington Administrative Code (WAC) 296-20-01002: <a href="http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-01002">http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-01002</a>
<b>Administrative rules</b> for consultations and consultation requirements	WAC 296-20-045: <a href="http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-045">http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-045</a> WAC 296-20-051: <a href="http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-051">http://apps.leg.wa.gov/wac/default.aspx?cite=296-20-051</a>
<b>Administrative rules</b> for psychiatric services	WAC 296-21-270: <a href="http://apps.leg.wa.gov/wac/default.aspx?cite=296-21-270">http://apps.leg.wa.gov/wac/default.aspx?cite=296-21-270</a>
<b>Becoming an L&amp;I provider</b>	L&I's website: <a href="http://www.Lni.wa.gov/ClaimsIns/Providers/Becoming/">www.Lni.wa.gov/ClaimsIns/Providers/Becoming/</a>
<b>Billing</b> instructions and forms	Chapter 2: <a href="#">Information for All Providers</a>
<b>Fee schedules</b> for all healthcare facility services (including ASCs)	L&I's website: <a href="http://feeschedules.Lni.wa.gov">http://feeschedules.Lni.wa.gov</a>
<b>Medical treatment guideline</b> for psychiatric conditions	L&I's website: <a href="http://www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/Psychconditions.asp">www.Lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/Psychconditions.asp</a>
Payment policies for <b>case management services</b>	Chapter 10: <a href="#">Evaluation and Management (E/M) Services</a>
Payment policies for <b>teleconsultations and other telehealth services</b>	Chapter 10: <a href="#">Evaluation and Management (E/M) Services</a>
Policy background for <b>insight-oriented psychotherapy</b>	<i>Federal Register</i> Volume 62 Number 211 issued on October 31, 1997, available online (in the Health and Human Services tab): <a href="http://www.gpoaccess.gov/fr/index.html">www.gpoaccess.gov/fr/index.html</a>

If you're looking for more information about...	Then go here:
Psychiatric services payment <b>policies for crime victims</b>	L&I's website: <a href="http://www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources/">www.Lni.wa.gov/ClaimsIns/CrimeVictims/ProvResources/</a> WAC 296-31: <a href="http://apps.leg.wa.gov/wac/default.aspx?cite=296-31">http://apps.leg.wa.gov/wac/default.aspx?cite=296-31</a>

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